

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.  
10602712

FILING DATE

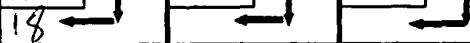
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3	2					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	2					
13	1					
14	1					
15	①					
16	1					
17	1					
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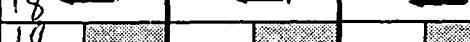
TOTAL IND.

1



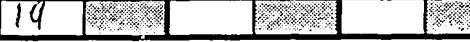
TOTAL DEP.

18



TOTAL CLAIMS

19



TOTAL IND.

1



TOTAL DEP.

18



TOTAL CLAIMS

19

